

Application for Class "A" Truck Tractor Registration

Mail, Fax, or Email Application to: **IDOT Use Only** Illinois Department of Transportation IDOT Decal Assigned _____ 2300 S. Dirksen Pkwy., Rm. 117 Springfield, IL 62764 Fee Paid _____ Registration Expires Fax: (217) 782-3573 Email: Permitoffice@dot.il.gov Account Number Owner City _____ State ____ Zip ____ Tractor Make & Year Built Serial Number Weight Overall Width Is the loading on any axle capable of being controlled independently from the other axles? If yes, explain NOTE: Show all axles and spacings. Number the axles from front to rear. Kingpin measured in center position License _____ State _____ Year ____ No. If Not Illinois Reciprocity Tag No. Authorizes Movement of I certify that the above statements are true and correct. Date Signature

Official Capacity